

# Work Order ID 147311

Wednesday, June 08, 2016 2:50:29 PM

**\*147311\***

Page 1

Item ID: D4735-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Scuff Plate  
 Start Date: 5/17/2016 Start Qty: 10.00 **\*10\*** Cust Item ID:  
 Required Date: 6/8/2016 Req'd Qty: 10.00 **\*10\*** Customer:  
 Reference:

Approvals: Process Plan: MLS Date: JUN 09 2016 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D4735    | A            |

|              |                                   |      |  |  |  |  |  |  |                   |
|--------------|-----------------------------------|------|--|--|--|--|--|--|-------------------|
| 100          |                                   | 0.00 |  |  |  |  |  |  | DAS<br>13<br>9-89 |
| <b>*100*</b> |                                   |      |  |  |  |  |  |  |                   |
| Purchasing   | Memo                              | 0.00 |  |  |  |  |  |  |                   |
| Purchasing   | Issue P/O: <u>32719</u>           |      |  |  |  |  |  |  |                   |
|              | Make as per Dwg D4735             |      |  |  |  |  |  |  |                   |
|              | Possible Supplier: G.F.I          |      |  |  |  |  |  |  |                   |
|              | Material release note is required |      |  |  |  |  |  |  |                   |

|              |                                            |      |  |  |  |  |  |  |  |
|--------------|--------------------------------------------|------|--|--|--|--|--|--|--|
| 110          | Receive & Inspect for Damage & Mat'l Certs | 0.00 |  |  |  |  |  |  |  |
| <b>*110*</b> |                                            |      |  |  |  |  |  |  |  |
| Packaging    | Memo                                       | 0.03 |  |  |  |  |  |  |  |
| Packaging    |                                            |      |  |  |  |  |  |  |  |

|                 |                                    |      |  |  |  |  |  |  |                   |
|-----------------|------------------------------------|------|--|--|--|--|--|--|-------------------|
| 120             | QC6- Inspect dimensions to drawing | 0.00 |  |  |  |  |  |  | DAS<br>38<br>9-89 |
| <b>*120*</b>    |                                    |      |  |  |  |  |  |  |                   |
| QC              | Memo                               | 0.00 |  |  |  |  |  |  |                   |
| Quality Control |                                    |      |  |  |  |  |  |  |                   |

10 JUN 16 2016

10x 8016-7-18

10

JUL 29 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Misabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                              |  |
| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                              |  |

**Work Order ID 147311**

Wednesday, June 08, 2016 2:50:29 PM

**\*147311\***

Page 2

Item ID: D4735-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Scuff Plate

Start Date: 5/17/2016 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 6/8/2016 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

Identify as per dwg & Stock Location: 57194A

0.00

DAS  
6  
9-8910RAUG 02 2016**\*130\***

Packaging

Memo

0.02

Packaging

140

QC21- Final Inspection - Work Order Release

0.00

DAS  
21  
9-89AUG 04 2016**\*140\***

QC

Memo

0.17

2m 16/08/02

Quality Control

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                                                                                    |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |

# Picklist Print

Wednesday, June 08, 2016 2:50:32 PM

Page 1

Work Order ID: 147311

**\*147311\***

Parent Item: D4735-1

**\*D4735-1\***

Parent Item Name: Scuff Plate

Start Date: 5/17/2016

Required Date: 6/8/2016

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.11.01 NEW ISSUE DD VERF:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

D4735-1P

Purchased

No

110

Each

0.0000

1

10

**\*D4735-1P\***

Scuff Plate

**\*\***

10 x SP16-7-18

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

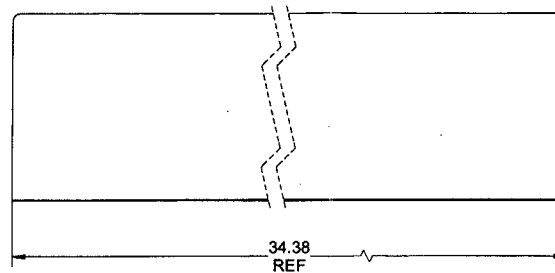
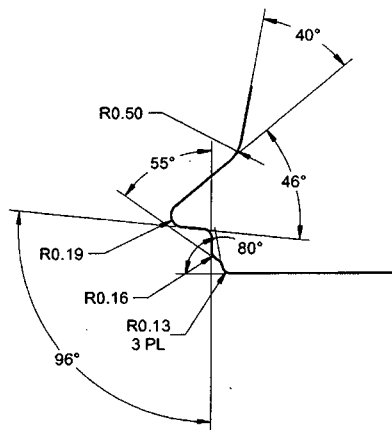
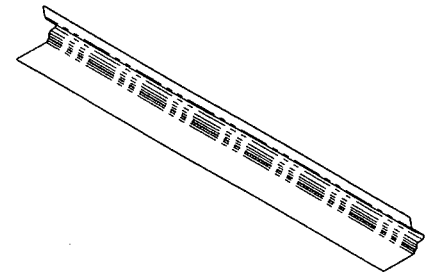
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

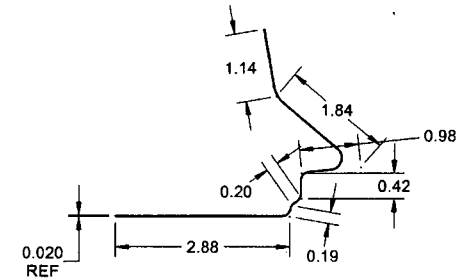
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                            |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="width: 50%;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="width: 50%;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="width: 33%;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="width: 33%;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="width: 33%;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="width: 33%;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO CHANGE  
NOTICE  
DATE 12.11.01

147311 MJS  
16-06-09



**D4735-1 SCUFF PLATE**



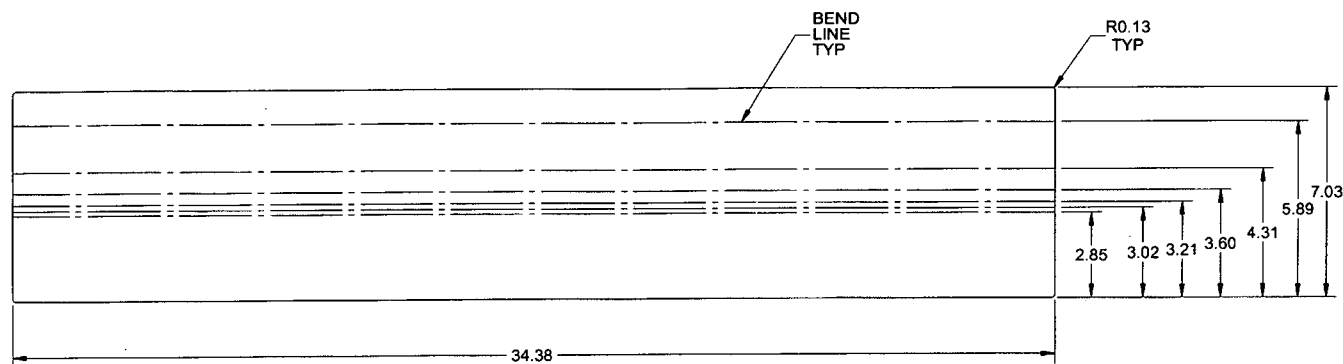
**RELEASED**  
13.01.04  
ECN 12-696

**NOTES:**

- 1) MATERIAL: MAKE FROM D4735-1F FLAT PATTERN
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 1.40 lbs

| A NEW ISSUE |                    | RF | 12.11.01 |
|-------------|--------------------|----|----------|
| REV.        | DESCRIPTION        | BY | DATE     |
| DESIGN      | RF                 |    |          |
| DRAWN       | RF                 |    |          |
| CHECKED     | <i>[Signature]</i> |    |          |
| MFG. APPR.  | <i>[Signature]</i> |    |          |
| APPROVED    | <i>[Signature]</i> |    |          |
| DE APPR.    | <i>[Signature]</i> |    |          |
| DATE        | 12.11.01           |    |          |

|                                                                                                                                                                                                                                                                                                     |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>DART AEROSPACE USA, INC.</b><br>KENT, WA                                                                                                                                                                                                                                                         |              |
| DRAWING NO.<br><b>D4735</b>                                                                                                                                                                                                                                                                         | REV. A       |
| TITLE<br><b>SCUFF PLATE</b>                                                                                                                                                                                                                                                                         | SCALE<br>NTS |
| <small>COPYRIGHT © 2012 BY DART AEROSPACE USA, INC.<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small> |              |



# **D4735-1F FLAT PATTERN SCUFF PLATE**

## **NOTES:**

- 1) MATERIAL: AISI 304/316 STAINLESS STEEL ANNEALED 2B FINISH 0.020 (25 GAUGE) SHEET  
PER MIL-S-5059  
OR AMS 5513 (304)  
OR AMS 5524 (316)  
OR ASTM A240  
OR ASME SA240  
PER DART SPEC. M304S25GA
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 1.40 lbs

|            |          |                                                                                                                                                                                                                                                                                                             |              |
|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF       | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                                             |              |
| DRAWN      | RF       | KENT, WA                                                                                                                                                                                                                                                                                                    |              |
| CHECKED    | RF       | DRAWING NO.                                                                                                                                                                                                                                                                                                 | REV. A       |
| MFG. APPR. | RF       | <b>D4735</b>                                                                                                                                                                                                                                                                                                | SHEET 2 OF 2 |
| APPROVED   | RF       | TITLE                                                                                                                                                                                                                                                                                                       | SCALE        |
| DE APPR.   | RF       | <b>SCUFF PLATE</b>                                                                                                                                                                                                                                                                                          | NTS          |
| DATE       | 12.11.01 | <small>COPYRIGHT © 2012 BY DART AEROSPACE USA, INC.<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br/>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br/>WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small> |              |

**RELEASED**  
13.01.04  
ECN 12-646





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO32719**

Purchase Order Date 6/16/2016 8:40:52 AM

PO Print Date 6/17/2016

Page Number 1 of 2

**Order From :**

VC-GFI001

GFI  
180 AVENUE LABROSSE  
POINTE CLAIRE, QC H9R 1A1  
CA

**Ship To :** DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

E-MAIL

REVISED \$

**Contact Name**

**Vendor Phone** 514 630 4877

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #** 10127-2607

**Ship To Contact**

**Ship To Phone**

**Terms**

Net 30

**Ship Via:**

FedEx Overnight collect

**Currency**

CAD

**Ship Acct:**

**FOB**

FCA - (Free Carrier)

| Line Nbr                                                                                                                                                                                                                                                                                                                                                                                                                                     | Reference Vendor Part Number<br>Line Comments<br>Delivery Comments | Description/<br>Mfg ID         | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price | Extended Price |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------|--------------------------------------|----|--------------------------------|---------------|----------------|
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                            | D4735-1P<br>AS PER DWG.D4735 REV.A<br>B147311                      | Scuff Plate                    | 7/14/2016<br>Yes<br>7/14/2016        |    | 10.00<br>Each                  | \$126.00      | \$1,260.00     |
| Line Total:                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                |                                      |    |                                |               | \$1,260.00     |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                            | 71401-45                                                           | PROCUREMENT<br>QUALITY CLAUSES | 7/14/2016<br>No<br>7/14/2016         |    | 1.00                           | \$0.00        | \$0.00         |
| PROCUREMENT QUALITY CLAUSES<br>A005 RIGHT OF ENTRY<br>A008 FIRST ARTICLE INSPECTION (FAI) BY SELLER,<br>(DOCUMENTATION SENT TO DART AEROSPACE)<br>A012 CHEMICAL AND PHYSICAL TEST REPORTS<br>A016 PERSONNEL QUALIFICATION<br>A017 RAW MATERIAL IDENTIFICATION (AS<br>APPLICABLE)<br>A026 CERTIFICATION OF MATERIAL CONFORMANCE<br>A041 QUALITY MANAGEMENT SYSTEM<br>A042 DART NOTIFICATION BY SUPPLIER<br>A043 RETENTION OF QUALITY DOCUMENT |                                                                    |                                |                                      |    |                                |               |                |

Sp 16-7-18

Note:

6/17/2016



180 AVENUE LABROSSE  
POINTE-CLAIRE, QC, CANADA H9R 1A1  
TÉL.: (514) 630-4877 - FAX: (514) 630-4849



# BON DE LIVRAISON / SHIPPING MEMO

| DATE DE LIVRAISON / SHIPPING DATE |         |         | N° DE BON DE LIVRAISON / SHIPPING MEMO NO. |  | PAGE |
|-----------------------------------|---------|---------|--------------------------------------------|--|------|
| JR - DY                           | MO - MO | AN - YR |                                            |  |      |
| 13                                | 07      | 16      | 0583396                                    |  | 1/1  |



GFI est une division de Thomas & Betts Limitée / GFI is a division of Thomas & Betts Limited

VENDU À / SOLD TO

EXPÉDIÉ À / SHIP TO

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON  
K6A 1K7

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON  
K6A 1K7

| CODE DE CLIENT / CUSTOMER CODE |                        | N° DE CONTRAT / JOB NO. | VOTRE N° DE COMMANDE / YOUR PURCHASE ORDER NO. | EXPÉDIÉ PAR / SHIP VIA |
|--------------------------------|------------------------|-------------------------|------------------------------------------------|------------------------|
| DART                           |                        | GFI-0299                | PO32719                                        |                        |
| QUANTITÉ / QUANTITY            | N° DE PIÈCE / PART NO. |                         | DESCRIPTION                                    |                        |
| 10                             | D4735-1P ✓             |                         | SCUFF PLATE ✓<br><br>ITEM 1<br>C OF C REQ;D    |                        |

MFG. JOB# 0319720-001 QTY 10 pcs

DUE DATE: 06 July 2016

*SP/6-7-18*

*8*

*AS9100C / ISO 9001:2008*

EXPÉDITEUR / SHIPPER

REÇU PAR / RECEIVED BY

DATE

TOUTES LES RÉCLAMATIONS DOIVENT ÊTRE FAITES EN DEDANS DE 5 JOURS DE LA RÉCEPTION.  
ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS.

# CERTIFICATE OF COMPLIANCE CERTIFICAT DE CONFORMITE



Membre de / A Member of **Thomas&Betts**

180 LABROSSE AVENUE  
POINTE CLAIRE, QC  
H9R 1A1

**DART AEROSPACE LTD**  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7

CERTIFICATE NO. 9 OUR JOB NO 0319720 SHIPPING MEMO 0583396

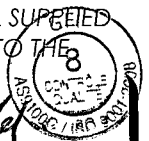
| ITEM                | QUANTITY      | PURCHASE ORDER                             | PART NUMBER     | REV             | NAME               | DWG ISSUE |
|---------------------|---------------|--------------------------------------------|-----------------|-----------------|--------------------|-----------|
| <u>1</u>            | <u>10 PCS</u> | <u>PO32719</u>                             | <u>D4735-1P</u> | <u>A</u>        | <u>SCUFF PLATE</u> | <u>A</u>  |
| MATERIAL            |               | SUPPLIED BY                                |                 | MAT. REL. NO.   |                    |           |
| <u>AMS 5513 304</u> |               | <u>TW METALS/ NORTH AMERICAN STAINLESS</u> |                 | <u>H/N X5M1</u> |                    |           |

|   | PROCESS                                                       | PROCESSOR  | RELEASE NOTE # |
|---|---------------------------------------------------------------|------------|----------------|
| 1 | <u>FIRST ARTICLE INSPECTION REPORT ON FILE</u>                | <u>GFI</u> | <u>N/A</u>     |
| 2 | <u>REF. GFI MANUFACTURING JOB NUMBER 0319720-001 (10 PCS)</u> | <u>GFI</u> |                |
| 3 |                                                               |            |                |
| 4 |                                                               |            |                |
| 5 |                                                               |            |                |
| 6 |                                                               |            |                |
| 7 |                                                               |            |                |
| 8 |                                                               |            |                |
| 9 |                                                               |            |                |

WE HEREBY CERTIFY ALL THE PARTS COVERED BY THIS CERTIFICATE HAVE BEEN MANUFACTURED FROM MATERIAL SUPPLIED ON RELEASE NOTE SHOWN ABOVE AND THAT ALL PARTS HAVE BEEN INDIVIDUALLY INSPECTED AND CONFORM TO THE DRAWINGS AND PURCHASE ORDER REFERENCED ABOVE.

DATE 13 JULY 2016

G.F.I. Q.C. REP. *Robert H. Hester*





### CERTIFICATIONS

#### FRAUD AND FALSIFICATION STATEMENT

The recording of false, fictitious or fraudulent statements or entries on this document may be punished as a felony under statutes including federal law. Title 18 chapter 47.

#### CERTIFICATE OF COMPLIANCE

This certificate of compliance certifies that the material supplied on the purchase order number below complies in all respects with the material description and procurement specifications.

#### MERCURY FREE STATEMENT

TW Metals certifies that the supplies furnished under this contract contain no metallic mercury or mercury compounds, and have not come in contact with mercury or alpha bearing instruments while in the possession of TW Metals Inc.

Customer Name: GFI, Inc  
Purchase Order No.: 0087217  
Item number: 0001 Shipper/Invoice No.: 12104383  
Material: 304 Manufacturing Mill: NAS  
Specification: Ams 5513 Heat / Lot No. X5M1  
Size: 020 Quantity: 2pcs  
Signature: Jarice Clark Date: 2/4/16





NORTH AMERICAN  
STAINLESS

# METALLURGICAL TEST REPORT

6870 Highway 42 East  
Ghent, KY 41045-9615  
(502) 347-6000

Certificate: 130835 01

Customer: 0018 001

Mail To:  
UNITED PERFORMANCE METALS  
3475 SYMMES ROAD  
HAMILTON, OH 45015

Ship To:  
UNITED PERFORMANCE METALS  
3475 SYMMES ROAD  
HAMILTON, OH 45015

Date: 1/12/2016 Page: 1

Steel: 302/304/304L

Finish: 2B

Corrosion: ASTM A262/14; 180Bend-OK

Your Order: 01028072

NAS Order: AN 0682138 01

## PRODUCT DESCRIPTION:

S/S COIL, C.R. ANNEALED & PICKLED; UNS 30400/30403/30200  
ASTM A240/15a, A480/14b, A666/15; ASME SA240/13, SA480/13, SA666/13  
CHEM ONLY ON FOLLOWING ASTM: A276/13, A479/13a, A484/13a, A312/13  
CHEM ONLY ON FOLLOWING ASME: SA312/13, SA479/13  
AMS 5511H/5513J/5516P XMRK; MIL-S-5059D AMD3 (X CRN MEAS); MIL-4043B  
NACE MR0175/ISO 15156-3:2009 A, MR0103/07; QQS766D-A X MAG PERM  
MIN. SOLUTION ANNEAL TEMP 1900F, WATER QUENCHED

## REMARKS:

Mat'l is Free of Mercury Contamination. No weld repairs.  
EN 10204:2004 3.1; RoHS 1 & 2 Compliant  
Material is Free of Radioactive Contamination  
Steel Making Process: EAF, AOD, & Cont. Casting  
Product Mfg. by a Quality Mgt. Sys. in Conf. w/ISO 9001  
\*Melted & Manufactured in the USA; Mat'l is DFARS Compliant

| Product ID | Supplier ID | Thickness | Width   | Weight | Length | Mark   | Pieces | COMMODITY CODE |
|------------|-------------|-----------|---------|--------|--------|--------|--------|----------------|
| 05X5M1 A   | * 05X5M1    | .0200     | 48.0000 | 24,630 | COIL   | 7501.8 | 3      | 1 00711        |

Lab Accreditation Bureau, ISO/IEC 17025, Certificate# L2323

CHEMICAL ANALYSIS CM(Country of Melt) ES(Spain) US(United States) ZA(South Africa) JP(Japan) Chemical analysis per ASTM A751/08

| HEAT Supplier# | CM   | C %   | CR %    | CU %  | MN %   | MO %  | N %   | NI %   | P %   | S %   |
|----------------|------|-------|---------|-------|--------|-------|-------|--------|-------|-------|
| X5M1 X5M1      | US   | .0229 | 18.0010 | .4390 | 1.7395 | .4680 | .0760 | 8.0125 | .0290 | .0010 |
| Lab Check:     |      | .0226 | 17.8460 | .4590 | 1.7480 | .4600 | .0755 | 8.0260 | .0260 | .0025 |
|                | SI % |       |         |       |        |       |       |        |       |       |
| Lab Check:     |      | .3140 |         |       |        |       |       |        |       |       |
|                |      | .2510 |         |       |        |       |       |        |       |       |

## MECHANICAL PROPERTIES

| Product Id | Supplier Id | UTS<br>KSI | 20C .2% YS<br>KSI | 20C ELONG<br>%-2" | Tail<br>Hard | Grain<br>No. | D Fer<br>F.N. | Hard R45T<br>R45T |
|------------|-------------|------------|-------------------|-------------------|--------------|--------------|---------------|-------------------|
| 05X5M1 A   | 05X5M1      | F T 99.17  | 54.59             | 53.22             | 56.50        | 10.00        | 3.29          | 58.50             |

UPMQC  
Review/Approved  
Specs: ALL

By: MV Date: 1-15-16  
#Pages: 2

NAS hereby certifies that the analysis on this certification is correct. Based upon the results and the accuracy of the test methods used, the material meets the specifications stated. These results relate only to the items tested and this report cannot be reproduced, except in its entirety, without the written approval of NAS.

Technical  
Dept. Mgr.

KRIS LARK

1/12/2016

UNITED PERFORMANCE METALS  
This is to certify that in accordance with the records in  
our files the material shipped on your purchase order  
conforms to the following.

Size: 48.000 X 96.000  
P.O.: 012016941  
Part#: NORTH AMERICAN  
STAINLESS  
Sales #: 01268105  
Quantity: 2

Description: 304/304L .018-.022 AMS5513/5511  
Customer: GFI, Incorporated  
Shipped: 03/07/2016  
Heat: X5M1

*Irina Garrett*  
Irina Garrett

# METALLURGICAL TEST REPORT

6870 Highway 42 East  
Ghent, KY 41045-9615  
(502) 347-6000



Certificate: 130835 01  
Customer: 0018 001  
Mail To:  
UNITED PERFORMANCE METALS  
3475 SYMMES ROAD  
HAMILTON, OH 45015

Ship To:  
UNITED PERFORMANCE METALS  
3475 SYMMES ROAD  
HAMILTON, OH 45015

Date: 1/12/2016 Page: 2  
Steel: 302/304/304L  
Finish: 2B

Your Order: 01028072

NAS Order: AN 0682138 01

Corrosion: ASTM A262/14;180Bend-OK

## PRODUCT DESCRIPTION:

S/S COIL, C.R. ANNEALED & PICKLED; UNS 30400/30403/30200  
ASTM A240/15a, A480/14b, A666/15; ASME SA240/13, SA480/13, SA666/13  
CHEM ONLY ON FOLLOWING ASTM: A276/13, A479/13a, A484/13a, A312/13  
CHEM ONLY ON FOLLOWING ASME: SA312/13, SA479/13  
AMS 5511H/5513J/5516P XMRK; MIL-S-5059D AMD3 (X CRN MEAS); MIL-4043B  
NACE MR0175/ISO 15156-3:2009 A, MR0103/07; QQS766D-A X MAG PERM  
MIN. SOLUTION ANNEAL TEMP 1900F, WATER QUENCHED

## REMARKS:

Mat'l is Free of Mercury Contamination. No weld repairs.  
EN 10204:2004 3.1; RoHS 1 & 2 Compliant  
Material is Free of Radioactive Contamination  
Steel Making Process: EAF, AOD, & Cont. Casting  
Product Mfg. by a Quality Mgt. Sys. in Conf. w/ISO 9001  
\*Melted & Manufactured in the USA; Mat'l is DFARS Compliant

| Product ID | Supplier ID | Thickness | Width   | Weight | Length | Mark   | Pieces | COMMODITY CODE |
|------------|-------------|-----------|---------|--------|--------|--------|--------|----------------|
| 05X5M1 B   | * 05X5M1    | .0200     | 48.0000 | 24,280 | COIL   | 7395.2 | 2      | 1 00711        |

Lab Accreditation Bureau, ISO/IEC 17025, Certificate# L2323

## CHEMICAL ANALYSIS

| HEAT Supplier# | CM   | C %   | CR %    | CU %  | MN %   | MO %  | N %   | NI %   | P %   | S %   |
|----------------|------|-------|---------|-------|--------|-------|-------|--------|-------|-------|
| X5M1 X5M1      | US   | .0229 | 18.0010 | .4390 | 1.7395 | .4680 | .0760 | 8.0125 | .0290 | .0010 |
| Lab Check:     |      | .0226 | 17.8460 | .4590 | 1.7480 | .4600 | .0755 | 8.0260 | .0260 | .0025 |
|                | SI % |       |         |       |        |       |       |        |       |       |
| Lab Check:     |      | .3140 |         |       |        |       |       |        |       |       |
|                |      | .2510 |         |       |        |       |       |        |       |       |

## MECHANICAL PROPERTIES

| Product Id | Supplier Id | UTS<br>KSI | 20C .2% YS<br>KSI | 20C ELONG<br>%-2" | Tail<br>Hard | Grain<br>No. | D Fer<br>F.N. | Hard R45T<br>R45T |
|------------|-------------|------------|-------------------|-------------------|--------------|--------------|---------------|-------------------|
| 05X5M1 B   | 05X5M1      | F T 99.17  | 54.59             | 53.22             | 56.50        | 10.00        | 3.29          | 58.50             |



NAS hereby certifies that the analysis on this certification is correct. Based upon the results and the accuracy of the test methods used, the material meets the specifications stated. These results relate only to the items tested and this report cannot be reproduced, except in its entirety, without the written approval of NAS.

Technical Dept. Mgr. KRIS LARK 1/12/2016

UNITED PERFORMANCE METALS  
This is to certify that in accordance with the records in our files the material shipped on your purchase order conforms to the following:  
Size: 48.000 X 96.000  
P.O.: D12016941  
Part#: NORTH AMERICAN STAINLESS  
Sales #: 01268105  
Quantity: 2  
Description: 304/304L 018-022 ANSS5513/5511  
Customer: GFI, Incorporated  
Shipped: 03/07/2016  
Heat: X5M1

Irina Garrett



180 Labrosse Av.  
Pointe Claire, QC  
H9R 1A1

TO:

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON  
K6A 1K7

(CPO) PO#:

PO32719



(POI) ITEM#:

0001



PACKAGE COUNT:

1 OF 1

(PNR) PART NUMBER:

D4735-1P



(SHQ) QUANTITY:

10



PACKAGE WEIGHT:

(UNT) UNIT OF MEASURE:

EA



(PSN) PACKING SLIP #:

0583396



(COO) ORIGIN:

CA



(NAF) NAFTA:



(TRA) TRACEABILITY #:

0319720-001

